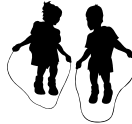




“Committed to improving the health and fitness levels of NH school children by increasing their physical activity levels and healthy food choices.”



HEALTHY BODIES,

HEALTHY MINDS,

HEALTHY SCHOOLS

THE FIRST ANNUAL NH HEALTHY STUDENTS CELEBRATION!

EVENT Release and Indemnification

The EVENT involves physical activities – activities which may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including personal injury and death, arising in any way from my participation in the EVENT and related activities. It is my responsibility to dress appropriately. Although route maps, rest stops, refreshments and other assistance will be made available during this event, I am solely responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate in this event and I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue. I agree, for myself, my heirs, executors and administrators, to not sue and to release indemnify, and hold harmless the NH Healthy Schools Coalition, its affiliates, officers, directors, volunteers and employees, and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this event and related activities – whether it results from the negligence of any of the above or from any other cause. This release and indemnification agreement shall be as broad and inclusive as permitted by the State or Province in which the event is conducted. If any portion of it is invalid, the balance shall continue in full force and effect. I have read, understand and agree to the terms of this Agreement.

Participant's Signature_____Printed Name_____Date_____

Parent/Guardian Signature_____Printed Name_____Date_____